



TAKİPTE NASIL BASAMAK ÇIKARIM?

MASTERCLASS OKULU 2025

TANIDAN TEDAVİYE
ASTIM YÖNETİMİ

08 Şubat 2025

Hilton Garden Inn İzmir Bayraklı

asyod.org

Müge Erbay
KTÜ Tıp Fakültesi, Göğüs Hastalıkları AD
İmmunoloji ve Alerji BD
Şubat 2025 / İzmir
mugerbay@hotmail.com

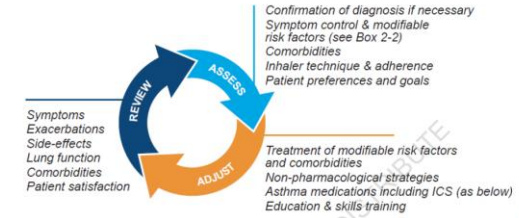
Sunum Planı

- Neden?
- Kimde?
- Nasıl?
- Ne kadar?

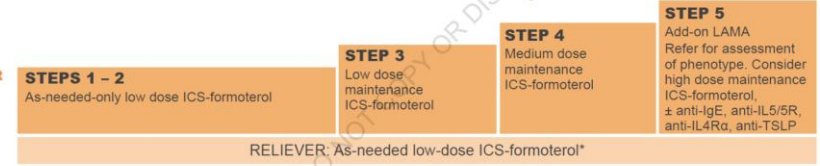
Astımda geleneksel tedavi yaklaşımı »Basamak yaklaşımı»

GINA 2024 – Adults & adolescents 12+ years

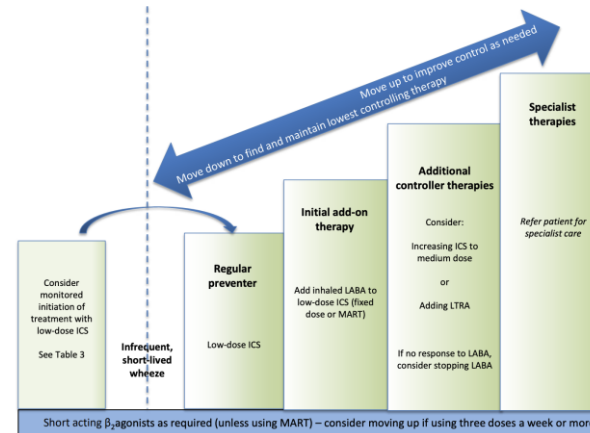
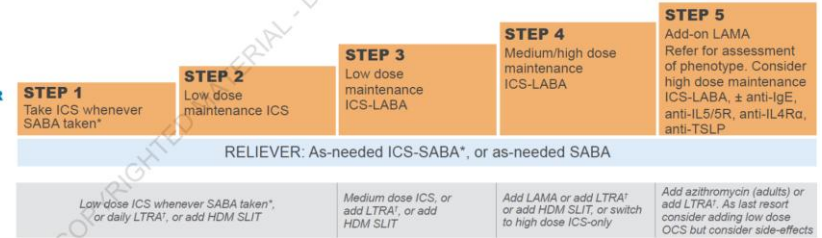
Personalized asthma management
Assess, Adjust, Review
for individual patient needs



TRACK 1: PREFERRED CONTROLLER and RELIEVER
Using ICS-formoterol as the reliever* reduces the risk of exacerbations compared with using a SABA reliever, and is a simpler regimen



TRACK 2: Alternative CONTROLLER and RELIEVER
Before considering a regimen with SABA reliever, check if the patient is likely to adhere to daily controller treatment

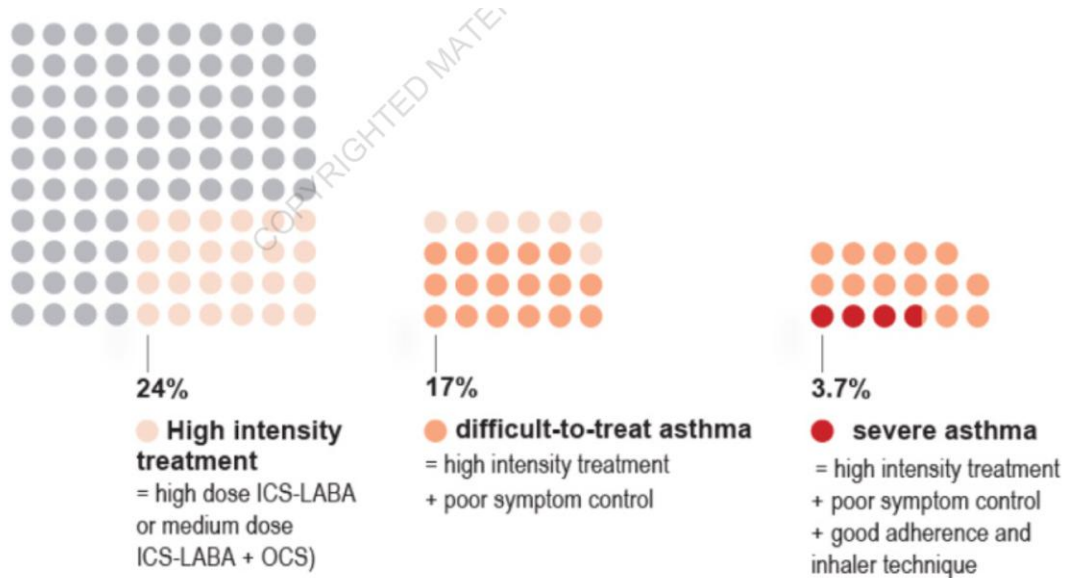


Short acting β_2 agonists as required (unless using MART) – consider moving up if using three doses a week or more

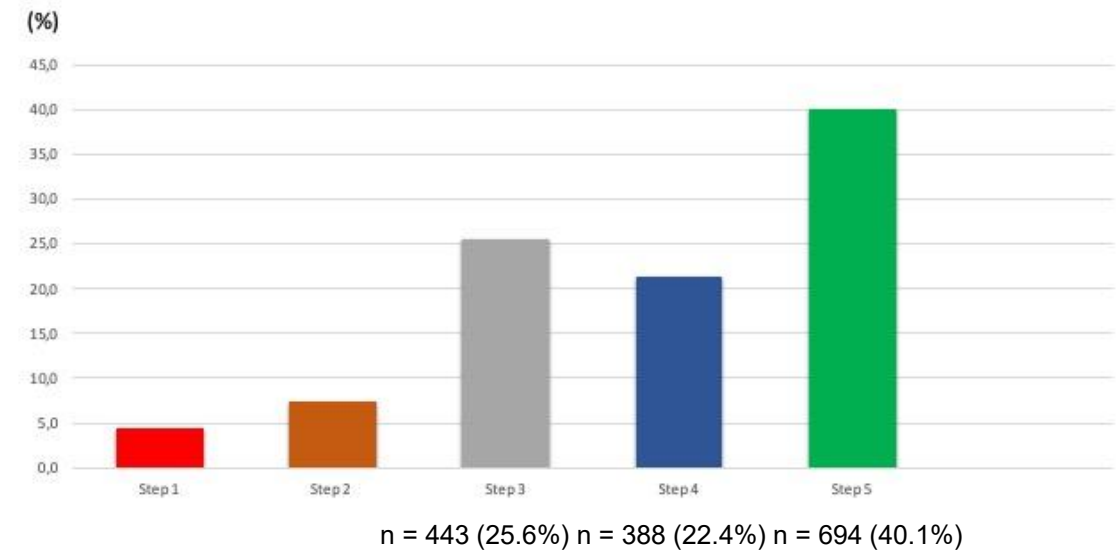
AGES 12+ YEARS: STEPWISE APPROACH FOR MANAGEMENT OF ASTHMA

Treatment	Management of Persistent Asthma in Individuals Ages 12+ Years					
	STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6*
Preferred	PRN SABA	Daily low-dose ICS and PRN SABA or PRN concomitant ICS and SABA*	Daily and PRN combination low-dose ICS-formoterol*	Daily and PRN combination medium-dose ICS-formoterol*	Daily medium-high dose ICS-LABA + LAMA and PRN SABA*	Daily high-dose ICS-LABA + LAMA + oral systemic corticosteroids + PRN SABA
Alternative		Daily LTRA* and PRN SABA or Cromolyn* or Nedocromil* or Zileuton* or Theophylline* and PRN SABA	Daily medium-dose ICS and PRN SABA or Daily low-dose ICS-LABA + LAMA* or daily low-dose ICS + LTRA* and PRN SABA	Daily medium-dose ICS-LABA or daily medium-dose ICS + LAMA, and PRN SABA*	Daily medium-high dose ICS-LABA or daily high-dose ICS + LTRA* and PRN SABA	
	Steps 2-4: Conditionally recommend the use of subcutaneous immunotherapy as an adjunct treatment to standard pharmacotherapy in individuals 15 years of age whose asthma is controlled at the initiation, build up, and maintenance phases of immunotherapy*				Consider adding Asthma Biologics (e.g., anti-IgE, anti-IL5, anti-IL5R, anti-IL4/13)*	

Hastalar Hangi Basamakta?



Supplemental Figure 3. Treatment steps in the study group.



Neden Basamak Çıkalım?

Semptom

Atak riskleri

ilaç
yan
etki
riski

EVERYTHING

IS UNDER

CTRL

Persistan hava
akımı kısıtlılığı
riski



Hangi hastada basamak çıkalım?

Semptom kontrolsüzse;

AKT <20

ACQ
>0.75

GINA
semptom
skoru =
1-2 puan

ATAQ >1



Son 1 yılda ≥ 1 yatış gereken,
 ≥ 2 OKS gereken atak
geçirmişse

Basamak Çıkmadan Önce

- ✓ İnhaler teknik ve uyumu
- ✓ Tanı doğru mu
- ✓ Komorbiditeler
- ✓ Tetikleyiciler
- ✓ İlaç yan etkileri

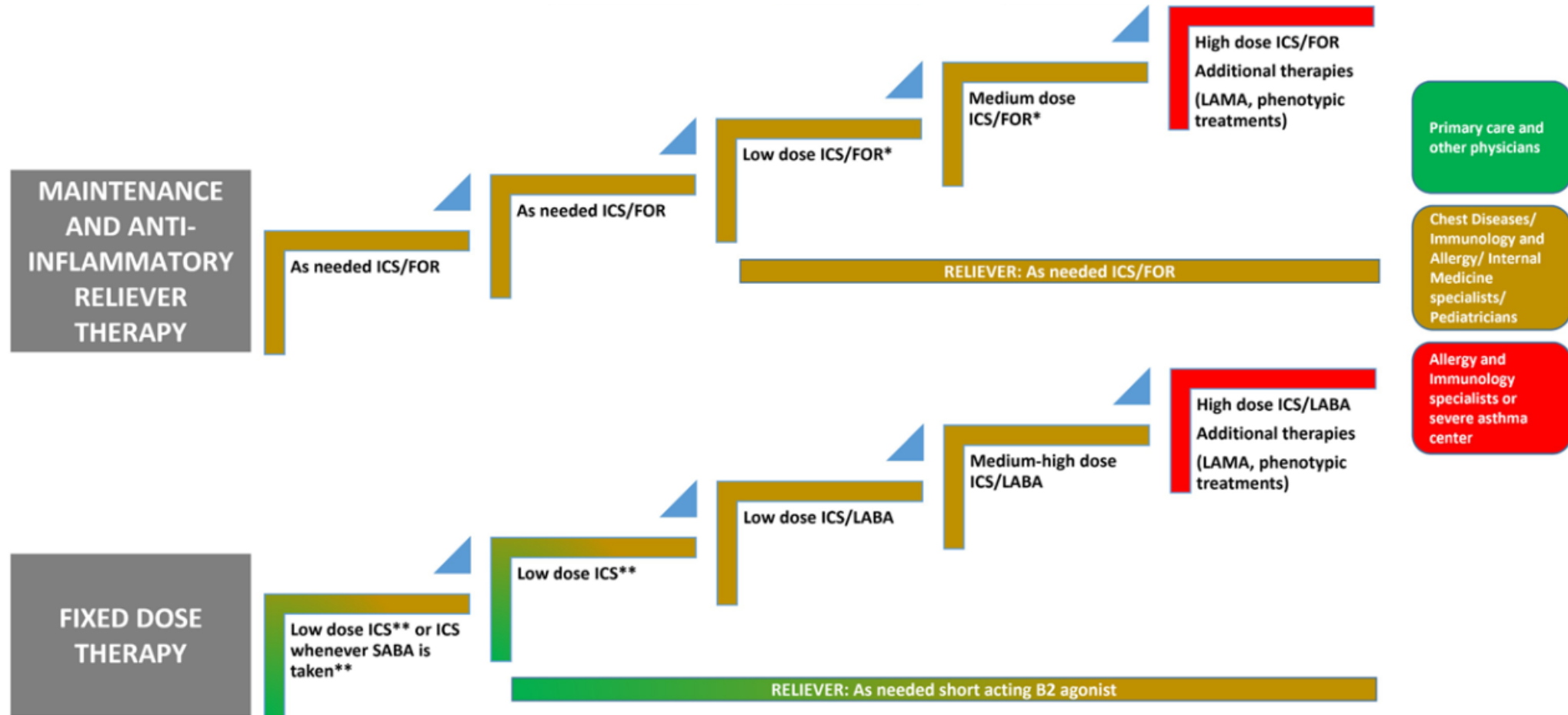
CHECKLIST

☒	_____
☒	_____
☒	_____
☒	_____
☒	_____
☒	_____
☒	_____
☒	_____

**Astım tedavi
basamađı
çıkmayı
düşünelim**



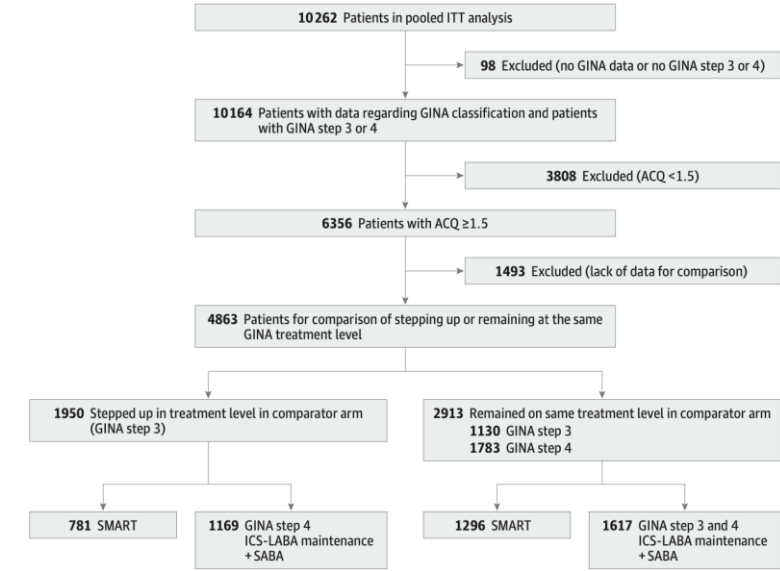
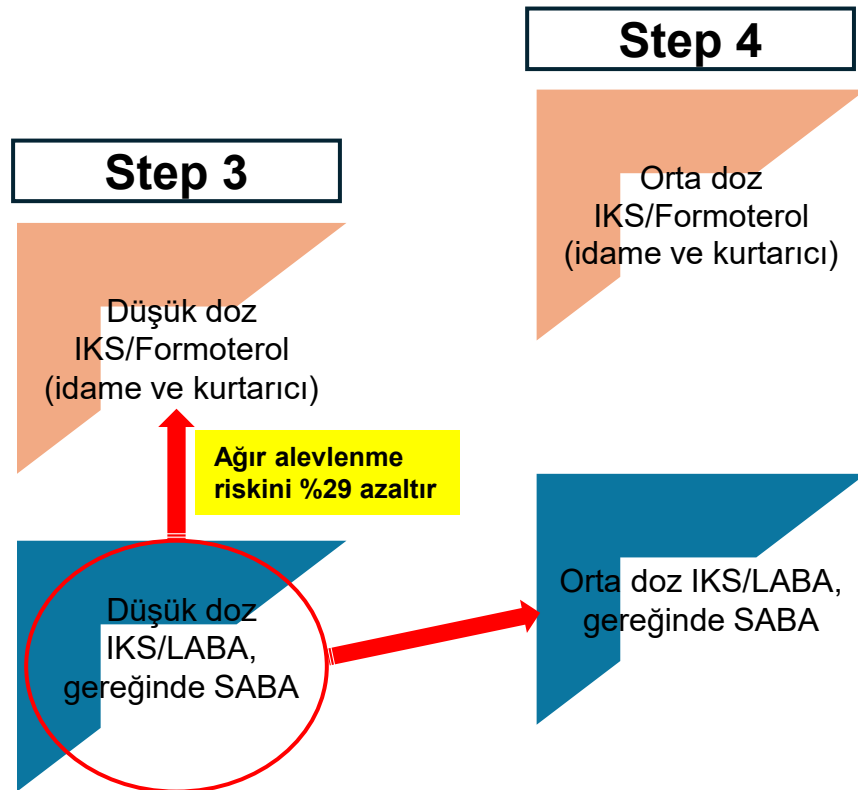
Nasıl Çıkalım?



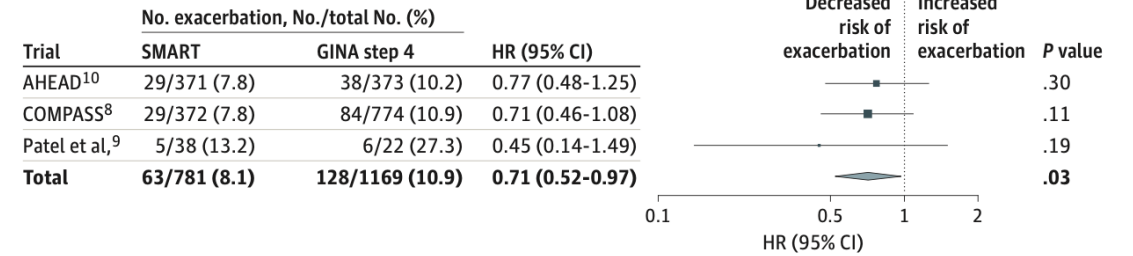
*Preferred in patients with exacerbations, **Patients' compliance should be closely monitored.

Evaluation of Budesonide-Formoterol for Maintenance and Reliever Therapy Among Patients With Poorly Controlled Asthma: A Systematic Review and Meta-analysis

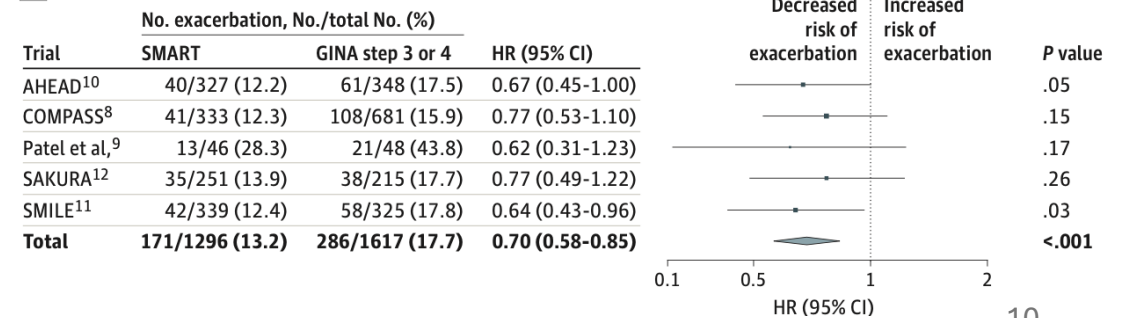
Richard Beasley^{1 2 3}, Tim Harrison^{4 5}, Stefan Peterson⁶, Per Gustafson⁷, Angus Hamblin⁸,



A SMART vs step up to GINA step 4



B SMART vs same GINA step 3 or 4



Add-on Tedaviler

Non-farmakolojik;

Sigara bırakma
Hava kirliliğinden kaçınma
Alerjenden kaçınma
Fiziksel egzersiz
Sağlıklı beslenme
Kilo verme
Mukus temizleme
İnfluenza aşısı
Nefes egzersizleri
Duygusal stres yönetimi

Komorbidite ve risk faktörlerinin tedavisi;

Reflü tedavisi
Sinüzit, rinit tedavisi
OSAS tedavisi
Anksiyete, depresyon tedavisi
Beta-bloker kaçınma
Aspirin, NSAİ kaçınma

Add-on Tedaviler

3-5. basamakta, mevcut IKS ek olarak

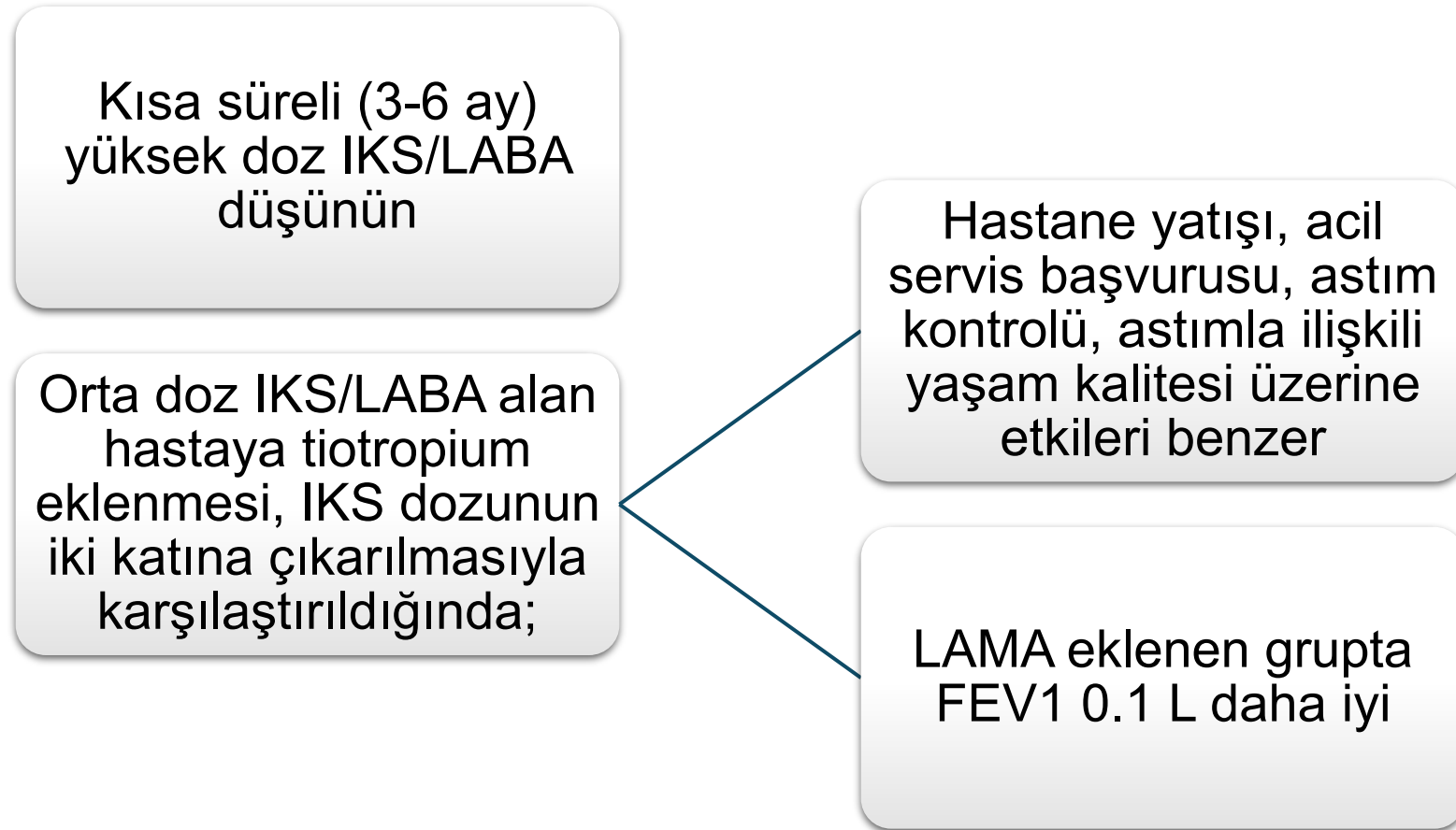
Fenotip spesifik olanlar (step 5);

- Anti-IgE
- Anti IL-5, IL-5R
- Anti IL-4/IL-13
- Aspirin desensitizasyonu

Fenotip spesifik olmayanlar;

- LAMA (step 4-5)
- LTRA (step 3-5)
- Düşük doz OKS (step 4-5)
- Azitromisin (step 5)

Yüksek doz IKS mi LAMA mı?



LAMA Eklenmesi



Düşük doz IKS/LABA'ya
LAMA eklenmeden önce;

**En az orta doz IKS geçilmeli
ya da
MART geçilmeli**



Düşük veya orta doz IKS/LABA karşı IKS/LAMA'yı
destekleyen yeterli kanıt yok



Orta doz IKS'ye LABA veya
LAMA eklenmesinin;

Orta ila şiddetli astım alevlenmelerinde
azalmaya yol açtığı
IKS dozunda artışın bunu yapmadığı

Sobieraj DM, JAMA 2018; 319: 1473-1484
Baigel R, Clin Exp Allergy. 2024 Sep;54(9):647-650

Oral Kortikosteroid Eklenmesi

- Düşük doz OKS (≤ 7.5 mg/gün prednizon eşdeğeri)
- Ağır astımda, zayıf semptom kontrolü ve/veya sık alevlenmeleri olan yetişkinler için
- Mevcut biyolojik ürünler de dahil olmak üzere diğer ek tedavilerin denenmesinden sonra

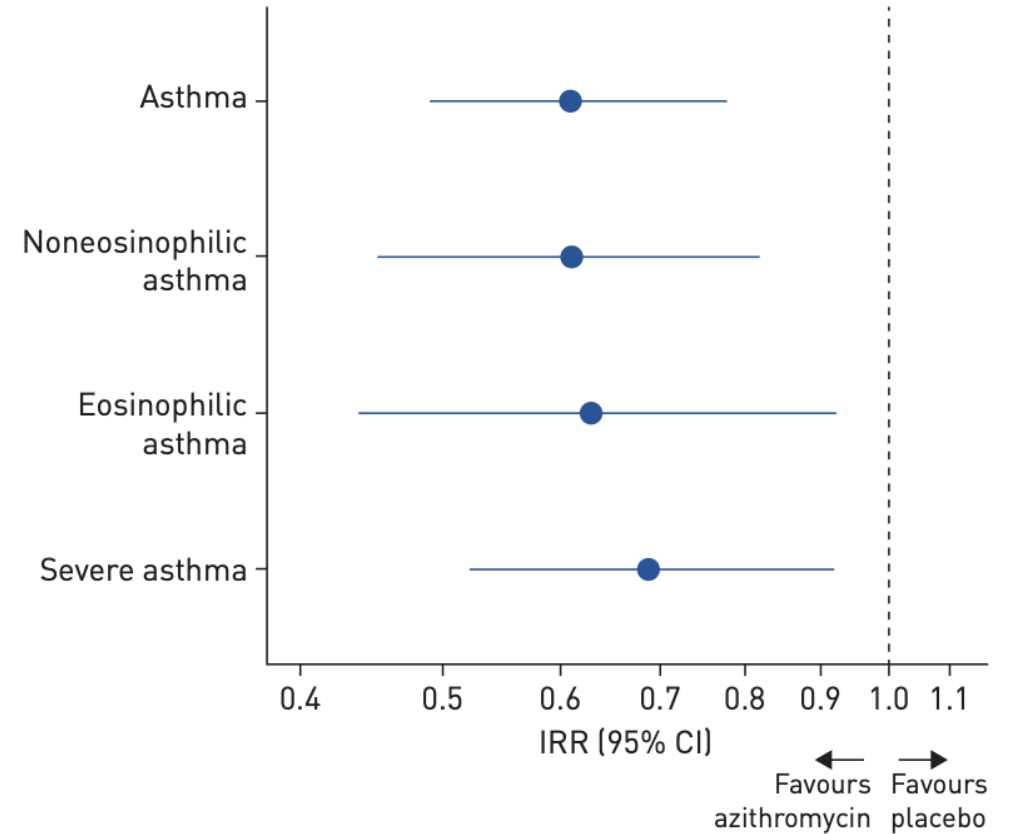
Does maintenance azithromycin reduce asthma exacerbations? An individual participant data meta-analysis

Sarah A Hiles^{1 2}, Vanessa M McDonald^{3 2 4}, Michelle Guilhermino^{2 5}, Guy G Brusselle^{6 7},

Azitromisin (haftada üç kez,
500 mg), en az 6 aylık tedavi

Orta-yüksek doz IKS/LABA'ya
rağmen semptomatik yetişkin
hastalarda

Alevlenmeyi azalttığı
bulunmuş



LTRA Eklenmesi

IKS'ye LABA eklenmesinden daha az etkili

LABA yan etkisi olan hastalar için bir seçenek

**Basamak 3-5'te IKS/LABA'ya eklenmesi,
NERD hastalarında özellikle önerilir**

Montelukast ile nöropsikiyatrik olumsuz etkilerle ilgili endişeleri not edin

Ne kadar süre basamak ıkalım?



GÜNLÜK



**KISA SÜRELİ
(1-2 HAFTA)**



**UZUN SÜRELİ
(EN AZ 2-3 AY)**

Factors Affecting the Success of Step-up Therapy in Patients With Moderate-Severe Asthma: A Real-Life Study

J Delgado ¹, E Martinez-Moragón ², T Fernández-Sánchez ³

- Çok merkezli, retrospektif kohort
- 1254 hasta

Table 1. Main Clinical Reasons for Performing Step-up^a

Reason	No.	%
Daytime symptoms >2/wk	437	34.9
Limitations in daily activities	243	19.4
Exacerbations	146	11.7
Nighttime symptoms/awakenings	131	10.5
Pulmonary function	111	8.9
Rescue therapy needed >2 times/wk	92	7.3
Asthma control test	57	4.6
Other	15	1.2
Bronchodilator reversibility testing	14	1.1
FeNO	6	0.5
Total	1,252	100

Abbreviation: FeNO, fractional exhaled nitric oxide. ^aData were unavailable for 2 patients.

Table 3. Factors Associated With Successful Step-up

Factor	P Value ^a
Male sex	<.001
Lower age ^b	.011
Lower BMI (<25, 25-30, >30)	.007
<2 respiratory comorbidities	<.001
Lower severity (moderate, severe)	<.001
Less time since diagnosis (≤ or >10 y)	.012
Lower prechange treatment step (step 3 to 6)	.001
Lower postchange treatment step (step 3 to 6)	<.001
Less time with clinical worsening before the change (≤3 mo, >3 to ≤6 mo, >6 to ≤12 mo)	.039
Absence of exacerbations	<.001
Absence of daytime symptoms (<2 times/week)	<.001
Absence of nighttime symptoms	<.001
Absence of limitations in daily activities	.001
Well-controlled asthma according to ACT or ACQ	<.001
Higher FeNO ^b	.006
Postchange ICS/LABA combination	<.001
Smoking	.647
Allergic asthma	.069
Age at diagnosis (≤ or >40 y)	.387
FEV ₁ % predicted (<60, 60-<80, ≥80)	.691
Rescue needed (≤ or >2 times/wk)	.508
Bronchodilator reversibility testing (+ or – result)	.125
Eosinophilia (≤ or >300 cells/μL)	.659

STEPS ARE
DYNAMIC
UP AND DOWN

